STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

Name of Lobbyist(s) Robert L. Best 11. Name of lobbyist's partnership, firm or corporation, if any:			OCT 3 1 2018
			NEW HAMPSHIR DEPARTMENT OF S
Sulloway & Hollis, P.L	.L.C.		ESTIMIENT OF S
(Name of partne	rship, firm or corporation)	****	
9 Capitol Street, Conc	ord, NH 03301		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) <u>224-2341</u> (Telephone)	(603) <u>226-2404</u> (Fa		esulloway.com
III. This statement covers: (Ch reportable expense transaction	s which are not attributable	e to any one client).	
☐ All reportable transactions of New Hampshire N		o the reporting date relative to	the following elent.
	ne of Client as it appears on the L	obbyist Registration Form)	·
OR ☐ All reportable transactions by unrelated to any particular client.		obbyist's family), or the lobbyi	ing firm listed below which are
Reports cover: activity from date	, 2018	July 25, 2018	18
	31, 2018 [5] n 7/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/.	
V. There have been no fees a lf this box is checked, complete j. Concord, NH 03301.			
VI. Check if additional reports	are attached:		
•	•	file Addendum A- Fees and	
☐ If you have paid an honorari Expense Reimbursement	am or reimbursed expenses, y	you must file Addendum B-F	Report of Honorariums or
☐ If you, your firm, or your far	nily has made political contri	butions, you must file Addend	dum C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k (Signature of lobbyist) Robert L. Best (Print Name of lobbyist)	RSA 14-C and RSA 664 and	hereby swear or affirm that the	_